Adequacy of Psychiatric Treatment in Non-specialty Setting

Non-psychiatric physicians prescribing anti-depressants for medical-surgical inpatients use the drugs "infrequently and with little rigor," treating depression similar to pain, reports a study in February's *Archives of General Psychiatry*. Regardless of the reason for use, non-psychiatrists were found to use relatively low dosages of anti-depressants, rarely plan or make dosage increases, and rarely discontinue medication, Allan L. Callies and Michael K. Popkin, M.D., of the University of Minnesota Medical School, Minneapolis, find. In a related study, Jacqueline Wallen, PhD, of the National Center for Health Services Research and Health Care Technology Assessment, Rockville, Maryland, and colleagues, examined the rate of psychiatric consultations in a national sample of short-term general hospitals. They found it to be low compared with the frequency of diagnosed secondary psychiatric conditions, as well as in comparison to published reports of the inpatient prevalence of mental disorder and consultation rates reported elsewhere.

Diabetes and Stroke Risk

Diabetes seems to be an independent risk factor for thrombolytic (blood clot-caused) stroke, and diabetes that is poorly controlled or of long duration adds to the risk, a study in a recent *Journal of the American Medical Association* reports. Robert D. Abbott, PhD, of the National Heart, Lung and Blood Institute, Bethesda, Maryland, and colleagues, base the conclusion on data from the Honolulu Heart Program, a long-term cardiovascular disease study. The report involved 690 diabetic men and 6,900 non-diabetic men free of coronary heart disease and a history of stroke. After 12 years of follow-up, the relative risk of clot-related stroke in the diabetics was twice that of the non-diabetics. Control of hypertension, heart attack and other risk factors did not reduce the risk, the report says. "Our results," it concludes, "indicate the need for medical approaches beyond routine managemt of risk factors in the patient with diabetes in an attempt to change a broader risk-factor profile that may affect unknown causal links between diabetes and stroke."

Cocaine's Effect on the Fetus, Heart

An animal study in a recent *Journal of the American Medical Association* says maternal use of cocaine during pregnancy reduces uterine blood flow and impairs oxygen flow to the fetus, causing fetal hypertension and other cardiovascular changes. The study, by James R. Woods, Jr., M.D., now of the University of Rochester School of Medicine, and colleagues at the University of Cincinnati, involved pregnant ewes. Administering cocaine produced dose-dependent increases in maternal blood pressure and decreased uterine blood flow. Direct cocaine administration to the fetus produced smaller increases in fetal heart rate and blood pressure, the report says. In JAMA's Questions and Answers section, David C. Hueter, M.D., of Northwestern University Medical School, Chicago, also addresses cocaine's cardiovascular effects. A growing body of evidence relates cocaine to clinical ischemic heart disease, probably through a number of mechanisms, he notes. While little is known about the long-term prognosis of such problems, "clearly, avoiding further cocaine abuse should be the keystone to long-term treatment," Hueter says.

New Computer Graphics System to Study Cornea

A report in February's *Archives of Ophthalmology* describes a new computer analysis system designed to improve eye surgery and research by producing color-coded maps of corneal surface power, or how well the cornea acts as a lens. These contour maps make it easier to spot subtle distortions and should allow improved analysis and refinement of corneal surgery techniques, report Leo J. Maguire, M.D., now of the Mayo Clinic, Rochester, Minnesota, and colleagues at the Louisiana State University Medical Center School of Medicine, New Orleans. The system produces